

## Supporting Black, Asian Minority Ethnic (BAME) staff during the COVID-19 crisis.

This document is based on the work of Dr Gurnam Singh, Associate Professor of Equity of Attainment, Coventry University ([g.singh@coventry.ac.uk](mailto:g.singh@coventry.ac.uk)) which was shared on 15<sup>th</sup> April 2020. It has since been adapted by the [Student Inclusion Team](#) to include some information specific to the University of Bristol as it applies to supporting students through this crisis. The below is an adaptation of this approach by the [Diversity & Inclusion Team](#) as guidance for supporting Black, Asian and Minority Ethnic (BAME) staff at this time. We have also produced the following [Coronavirus Resource Hub](#) which includes advice for managers on how best to look out for the wellbeing of their staff.

### Introduction

The COVID-19 crisis has had a major disruptive impact both on the normal ways in which we deliver education and learning for our diverse student body, and also on how we function as a workplace. Whilst it is essential we avoid a deficit model when considering how best to support and promote racial equity at the University, we need to be aware of the specific challenges faced by BAME people as a result of the pre-existing, systemic inequality that is being exacerbated and thrown into relief by the current crisis. For BAME staff at the University these challenges may have specific repercussions on their working lives, their capacity to engage with their workplace and the treatment they receive as workers.

There is a popular assertion that COVID-19 does not discriminate between individuals and we are all affected by it in one way or another. This is partially true, but at the same time there is strong evidence of disproportionate impact for some groups. A study by the *Intensive Care National Audit and Research Centre*<sup>1</sup> revealed that 35% of patients were non-white, which is nearly triple the 13% proportion in the UK population as a whole, demonstrating that BAME communities have disproportionately high levels of infection and serious illness.

As workers there are numerous reasons why BAME people are more likely to be affected by COVID-19. There is a high proportion of BAME workers in key worker industries, including the NHS, the social care sector, retail, transport and the cleaning industry.<sup>2</sup> This higher proportion of BAME key workers overlaps with the fact that due to systemic inequality BAME workers are also more likely to be in insecure and lower income work with fewer labour protections.<sup>3</sup> Unconscious bias and institutional racism also means that there is a higher likelihood that BAME workers will be exposed to dangerous conditions by their employers in contrast to their white colleagues.<sup>4</sup>

For many, the workplace as they know it has changed beyond recognition in the last two months, with the challenges of home life and work life mashed together in the context of the current crisis. Others have no option but to continue travelling to, and working from, workplaces outside the home, with a high proportion of these workers likely to be BAME and from lower income households, for some of the reasons mentioned above. All of these situations present unique challenges to BAME workers, all of which we as an employer have a duty to rise to, consider and act on, in concurrence with any existing and ongoing race equity work at the University, to ensure we are providing our BAME workers with the support they need. In reflecting on these issues, we should not only consider the difficulties

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<sup>1</sup> Intensive Care National Audit & Research Centre Report on COVID19 in Critical Care <https://www.icnarc.org/Our-Audit/Audits/Cmp/Reports>

<sup>2</sup><https://www.prospectmagazine.co.uk/politics/uk-bame-deaths-coronavirus-covid-19-why-nhs>

<sup>3</sup><https://www.tuc.org.uk/news/bme-workers-far-more-likely-be-trapped-insecure-work-tuc-analysis-reveals>

<sup>4</sup> <https://www.nursingtimes.net/news/coronavirus/exclusive-bme-nurses-feel-targeted-to-work-on-covid-19-wards-17-04-2020/>

that BAME workers are experiencing at the present time, but also how the ripple effects of the current situation, that are yet to come and are predicted to be substantial, will effect BAME staff in the future and what we can do to provide ongoing support and protection.

This 5-point guide is intended to help managers of staff to provide inclusive responses in these difficult times which, though focusing specifically on BAME staff, will be relevant for all staff. It is not designed to be prescriptive, but to encourage reflective thinking and action.

### **1. Impact of financial hardship:**

**Issue:** Our actions are determined by many factors, with material resources being one of the most significant. We know that rates of poverty amongst BAME communities is double that of white people<sup>5</sup>. Whilst not universally true, given their socio-economic status, BAME staff are more likely to be vulnerable to the economic fallout triggered by COVID-19, due to being more likely to be in lower-income positions, on temporary or insecure contracts, and more likely to be furloughed than their white colleagues. Staff who are on part-time contracts at the University and are still in work, may have lost other sources of income or be supporting family who have. Given that BAME people are also less likely to own their own homes,<sup>6</sup> one of a number of housing issues disproportionately faced by BAME communities, there is an increased likelihood of losing housing as a result of losing income.

In addition, as a result of all of the above, BAME staff still in work are more likely to experience high levels of anxiety around the potential of imminent financial hardship during this crisis and, amongst other things, this may adversely impact their ability to engage with their work and workplace. Because of the shame that can be associated with financial hardship, some staff may well be reluctant to reveal their situation or access financial support.

**Solution:** In the current situation furloughing some staff is an unfortunate necessity, however any necessary changes to contracts should be communicated to the relevant staff as soon and as clearly as possible to minimise any unnecessary anxiety and to give as much time as possible for staff to find alternative sources of income. Where the situation is pending, regular updates should be provided.

Bear in mind that BAME staff may be experiencing high levels of anxiety at the moment and try to create a culture where you as a manager can be a source of support. Familiarise yourself with the support available for staff from the University, such as the [Employee Assistance Programme](#) and [Staff Counselling Service](#), and communicate these clearly. Where possible proactively offer, or remind staff, that they can take advantage of flexible working arrangements, and show willingness to develop flexible and creative solutions to specific circumstances. Communicate your awareness that in the current circumstances motivation and output will be significantly reduced, particularly as many will have childcare and guardian responsibilities on top of their paid employment, and that staff mental health is the priority. Ensure your BAME staff's needs are being heard by scheduling regular updates and creating space in catch ups to ask about, and hear, how things have been for them.

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<sup>5</sup> <https://www.irf.org.uk/report/poverty-ethnicity-labour-market>

<sup>6</sup> <https://blog.shelter.org.uk/2017/10/bame-homelessness-matters-and-is-disproportionately-rising-time-for-the-government-to-act/>

## 2. Health Inequality:

**Issues:** Though the coronavirus has little respect for ethnic or national differences, we know that BAME communities, due to a range of factors, such as housing conditions, environment, immigration status, access to information, income inequality and general levels of stress, are more likely to experience poorer physical and mental health and suffer more adversely as a consequence. Despite making up just 13% of the UK population, over 35% of all patients critically ill with COVID-19 were from Black, Asian and Minority Ethnic (BAME) backgrounds. There are many reasons for this disparity, though key ones are disproportionately high conditions that increase vulnerability to the virus, such as diabetes and heart disease, poor and cramped housing conditions and higher likelihood of working in occupations, such as the care sector, transport, cleaning and food retail, and therefore an increased risk of infection.

**Solution:** Though managers can do little to remedy structural health inequalities, the key thing is to be as supportive and sensitive as possible to difficulties staff may experience, which may or may not be disclosed. Generally speaking, BAME staff are more likely to have closer ties with extended family networks and therefore may feel more emotionally affected by illness and bereavement within their kinship networks. Responding sensitively is therefore particularly important.

BAME staff are also likely to be overrepresented in those still travelling to and working from University buildings so having robust pathways for communicating and implementing the ways the workplace will be made and kept safe for these staff is an absolute necessity. Ensure there are clear lines of communication open for staff to report unsafe conditions.

## 3. Digital Divide:

**Issue:** Almost overnight, in order to enforce 'social distancing' measures COVID-19, has placed unprecedented restrictions on how staff and students, live and travel. But this raises the issue how one is able to safely self-isolate where one is living in overcrowded conditions, or if one is made homeless? Then there is the issue of having suitable and reliable equipment and broadband facilities to access an online workplace. The Office for National Statistics, in a report '*Exploring the UK's digital divide*' dated 4<sup>th</sup> March 2019 found that though these had narrowed over the past 10 years, there were significant disparities across regions, household income and ethnicity<sup>7</sup>. Moreover, given the widespread closure of social spaces (cafes, libraries, community hubs) to access internet, one can safely assume that for less privileged staff, the pre-existing structural digital divide is likely to have been compounded.

**Solution:** Given the fact that for many workers the workplace has moved entirely online, we must support staff who experience barriers in accessing online information and resources. We should use the current need for the creation of widespread digital workplaces to increase our awareness of digital accessibility in the long-term, thereby making our workplaces more accessible in the future for disabled staff, carers, and others for whom the option of homeworking increases their likelihood of accessing a stable income.

One way you can help with this is to ensure that all the meetings you hold and materials you share are accessible. Providing documents in alternative formats makes them accessible for staff using screen readers but also makes them more available to staff using low bandwidth internet provision.

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<sup>7</sup><https://www.ons.gov.uk/peoplepopulationandcommunity/householdcharacteristics/homeinternetandsocialmediausage/articles/exploringtheuksdigitaldivide/2019-03-04>

AbilityNet has a series of free resources on disability and technology, including this [webinar](#) on how to run accessible online meetings. The [Coronavirus Resource Hub](#) also has relevant resources in the [Disability](#), [Neurodiversity](#) and [Advice for Managers](#) sections that it may be worth exploring.

Whilst it is true that lack of face to face communication between teams is adversely affecting those who are feeling especially isolated and untethered during this crisis, it is also important to ensure that staff are not feeling obligated to turn on webcams during meetings or catchups, as this may perpetuate specific difficulties and even risks for staff from particularly disadvantaged communities, for example difficulties maintaining the already blurred boundaries between home and work, the increased likelihood of BAME staff living in crowded housing with fewer suitable places to work, and fears of exposure to racial abuse and harassment. It is important to recognize that asking someone to turn on their webcam can be the equivalent of asking entry into their home which carries specific risks for certain communities.

As the majority of University-provided support and guidance during the current crisis is being disseminated through the University's online portals, provision to access a computer in worktime should be made for staff who work without digital access, for example staff who are cleaning and maintaining the buildings. If this is not possible, alternative pathways to access these resources need to be created.

#### **4. Racial harassment and hate:**

**Issue:** There is emerging evidence that the reporting and misinformation surrounding the Coronavirus outbreak is compounding existing racial stereotypes. For example, there is evidence of Chinese students wearing facemasks being harassed and worse. During the Brexit debate we saw a rise in hate crimes and there is evidence that BAME staff and students, are more vulnerable to verbal and physical abuse.

**Solution:** Ensuring safe working spaces is one of the responsibilities of managers, who should be vigilant against hate speech and aggressive behaviour, whether overt or implicit, and act when they witness something. During one-to-one catch ups, managers should build trust and confidence with staff to enable them to express how they are feeling generally, and to share any experiences of racism. Communicate to your staff about how creating an anti-oppressive workplace is a continuous process that you are committed to, to create the possibility for staff to communicate with you if they witness or experience racism or instances of bias, either from other colleagues, or from yourself.

Managers should make sure they are familiar with the University's [Stand Up Speak Out initiative](#), [Acceptable Behaviour Guidance](#), and [Report & Support](#) tool, and can signpost staff to this and help them to access support. Staff can also be signposted to [SARI](#) for support if they wish to speak to someone outside the University.

It is important to recognise that racism is a social practice that we all participate in and must work to unlearn, as well as a political tool that is used to further specific agendas and ideologies. As a result of this function of racism BAME communities are likely to experience increased levels of race hate in concurrence with specific national or global events. It is therefore vital to recognise that there is likely to be a continued increase in racial harassment and attacks on BAME staff after the current restrictions are lifted and University buildings are re-opened as workplaces to all staff. Therefore whilst reflecting on how you might provide extra support during this time for BAME staff, consider what you can do practically to make your team safer in the long term. Use online resources to educate yourself on the different ways racism manifests itself day to day so you can recognise problematic patterns of behaviour, and build unlearning and dismantling them into your catch-ups with staff

perpetuating racism. You could start with [Be an UpStander](#), an online learning resource developed by the EDI team as part of our [Stand Up Speak Out initiative](#), which provides information, tools and techniques to encourage staff to challenge unacceptable behaviour and become upstanders in the workplace.

## 5. Unconscious bias

**Issue:** There is a large body of evidence confirming that BAME staff face a variety of conscious and unconscious discriminatory practices in traditional workplaces. For instance, the behaviour of BAME staff is more likely to be rated harshly compared to similar behaviour of white staff, BAME staff tend to be required to produce more work to receive similar amounts of praise and recognition as their white counterparts, and it takes longer for BAME staff members to be promoted to higher positions than their white colleagues in the same positions. Though this is an under researched area, evidence suggests these biases are/can be replicated online.

**Solutions:** We need to assume we not only have the capacity to be biased, but despite our intellectual capabilities, we do practice unconscious bias. So, the trick is to try to design this out and one of the benefits of online working spaces is that we can step back and really develop, design, implement, and evaluate strategies for promoting equitable working environments. Some of this will be time consuming, but we can for instance, collect real-time data/feedback, which if done sensitively, can empower staff too.

The EDI team have collated some [tools](#) to support learning around recognising unconscious bias in ourselves and others and how we might disrupt it in the workplace.

## Conclusion

Though it is premature to be able to make a true assessment of the true impact of the COVID-19 crisis, we know enough from a range of existing and new data sources that historically marginalised sections of the population, including those from a BAME background, are likely to experience higher levels of disadvantage. Many of the issues relating to addressing disparities in BAME retention, such as unconscious bias, sense of alienation from the organisation, structural disadvantage and managing to balance home and work pressures, will not change because of the virus, but perhaps will be brought into much sharper focus over the weeks and months to come. And so in the short term, workplaces have both a moral and some may argue financial obligation towards ensuring that ALL staff, but especially the most vulnerable, are provided with the appropriate levels and kinds of practical and emotional support.

In the mid to long term, we must find ways of moving from crisis management to stabilisation and growth. Whilst we adapt to the current, rapidly developing situation, it is also absolutely vital that we reflect on the societal inequalities that have only been thrown into relief by this crisis as a means to adapt our workplaces in the longer term to being more supportive and accessible to current and prospective staff from marginalised communities in the future.